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K010752

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510(k) SUMMARY OF SAFETY AND EFFECTIVENESS

in Accordance with SMDA of 1990

MONOPOLAR INSTRUMENTS

November 21, 2000

COMPANY: Aesculap®, Inc.
3773 Corporate Parkway
Center Valley, PA 18034

CONTACT: Leslie Young, QA Database Manager
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610-231-3713 (fax)
leslie.young@aesculap.com (email)

TRADE NAME: Aesculap's Modular Endoscopic Instruments for Gynecology

COMMON NAME: Endoscopic Instrument

DEVICE CLASS: Class II

PRODUCT CODE: KNF

CLASSIFICATION: 878.4160
Coagulator-Cutter, Endoscopic, Unipolar and Accessories

REVIEW PANEL: Obstetrics / Gynecology

INTENDED USE

The Monopolar Instruments are intended to be used in tissue manipulation and coagulation in monopolar laparoscopic gynecology procedures.

DEVICE DESCRIPTION

Aesculap's Monopolar Instruments for Gynecology are comprised of a variety of non-sterile, reusable endoscopic scissors and forceps. The modular instruments utilize standard monopolar cables (with flat plugs) connected to compatible electrosurgical generators that supply monopolar energy. The instruments may be sterilized by steam sterilization.

PERFORMANCE DATA

No performance standards have been promulgated under Section 514 of the Food, Drug and Cosmetic Act for these devices. The Monopolar Instruments, however, conform to the following electromedical standard: IEC 60601-2-18.

SUBSTANTIAL EQUIVALENCE

The Monopolar Instruments for Gynecology are substantially equivalent in their intended use, material composition, labeling, design and basic operating principles to the following predicate devices:

- Aesculap Monopolar Forceps (K940936)
- Aesculap Sovereign Bipolar Instruments For Gynecology (K003608)
- Hasson 360 Series Endoscopic Grasping Forceps (K934451)
- CIT Mono polar Laparoscopic Instruments (K944270)



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

JUN 11 2001

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

Ms. Leslie Young
QA Database Manager
Aesculap®, Inc.
3773 Corporate Parkway
CENTER VALLEY PA 18034

Re: K010752
Monopolar Endoscopic Instruments for
Gynecology for Laparoscopic Use
Dated: March 8, 2001
Received: March 13, 2001
Regulatory Class: II
21 CFR §884.4160/Procode: 85 KNF

Dear Ms. Young:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the Current Good Manufacturing Practice requirements, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic QS inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for *in vitro* diagnostic devices), please contact the Office of Compliance at (301) 594-4639. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its internet address "<http://www.fda.gov/cdrh/dsma/dsmamain.html>".

Sincerely yours,

Nancy C. Brogdon
Director, Division of Reproductive,
Abdominal, and Radiological Devices
Office of Device Evaluation
Center for Devices and Radiological Health

Enclosure (s)

INDICATIONS FOR USE STATEMENT510(k) Number (if known): K010752**Device Name: Monopolar Instruments for Gynecology****Indication for Use:**

The Monopolar Instruments are intended to be used in tissue manipulation and coagulation in monopolar laparoscopic gynecology procedures.

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)
Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use ✓ or Over-the-Counter Use _____

(per 21 CFR 801.109)

(Optional Format 3-10-98)

David A. Rogers
(Division Sign-Off)
Division of Reproductive, Abdominal, ENT,
and Radiological Devices

510(k) Number K010752